Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

2023-2024 VERIFICATION WORKSHEET-INDEPENDENT STUDENT

Student Name:	Student ID#:					
Last		First		MI		
Home Address:Street					Phone:	
		City	State	ZIP C	Code Home Number	
verify that the number of family m are accurate. Use the tables below any help, contact the Financial Aid	embers in you v to list the m	r household and	the numbe	r attend	erefore, the Financial Aid Office must ding college you reported on the FAFSA s, if applicable) household. If you need	
List yourself FULL NAME		DATE OF BIRTH	l (mm-dd	<i> -</i> vvvv)	COLLEGE	
TOLE IVILLE		DATE OF BIRTH	i (iiiiii aa	<i>yyyy1</i>	UW-Whitewater	
List your spouse, if you have one		2475 05 21271		, , , , ,	0011505 # 11.11	
FULL NAME		DATE OF BIRTH	l (mm-dd	<i>-уууу)</i>	COLLEGE (if applicable ¹)	
college in the space provided. List other household members ² FULL NAME DATE OF (mm-do			ATIONSHIP TO STUDENT		COLLEGE ³ (if attending at least half time in 23-24)	
more than half of their support fr ³ For any household member who we the name of the college. List all attending college. If you need member who were supported to the college of the college. If you need member who were supported to the college of the college of the college. If you need member were supported to the college of the co	with you, and rom July 1, 202 will be attending household more space, you that all the interest this worksheed ave reason to	you provide mo 23 through June ng college at lea embers as deso may write on t formation repo et, you may be t	ore than hal 30, 2024. Ist half time cribed above he back of t rted on it is fined, senter the informa	betwee e, even this form complet nced to	en July 1, 2023 and June 30, 2024, write if those household members are not in. ete and correct. If you purposely give jail, or both. Note: We may request	
Student Signature (typed signatures are not acceptable)				te		